

SANTA FE COUNTY

RESOLUTION 2001 - 195

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on December 11, 2001, did request the following budget adjustment:

Department / Division: Finance / GOB Debt Service Fund Name: General Obligation Bond Debt Service

Budget Adjustment Type: Budget Decrease Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
401	1610	311	0501	Property Tax / Current		248,051
TOTAL (if SUBTOTAL, check here)						248,051

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
401	1610	419	9001	Debt Service / Principal Payment		245,000
401	1610	419	9002	Debt Service / Interest Payment		3,051
TOTAL (if SUBTOTAL, check here)						248,051

Requesting Department Approval: *Pal G. ...* Title: BUDGET ADMINISTRATOR Date: 12-7-01

Finance Department Approval: *Susan ...* Date: 12/6/01 Entered by: _____ Date: _____

County Manager Approval: *Pat ...* Date: 12/10/01

2029475

2029476

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.
Request is to decrease the GOB Debt Service Fund (401) to realign the fiscal year 2002 debt service expenditure budget with the final debt service schedule as reviewed by the NM Department of Finance and Administration.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
The final debt service schedule was not known when the fiscal year 2002 operating budget was prepared.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This decrease is non-recurring.
- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, cite statute and attach a copy.
This is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

SANTA FE COUNTY

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2029477

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request does not impact the capital purchases category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request does not have an FTE impact.

2029478

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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 11th Day of December, 2001.

Santa Fe Board of County Commissioners

[Signature]
Paul Duran, Chairperson

[Signature]
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*
Steven Kopelman, County Attorney



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COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 12 day of Dec A.D.
20 01 at 1:11 o'clock P.m
and was duly recorded in book 2029
page 475-478 of the records of
Santa Fe County
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

[Signature]
Deputy